

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.
ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

LEONARD HOLTZ
HERBERT GOODMAN
WILLIAM R. WOODWARD (1914-1994)
MARSHALL J. CHICK
RICHARD S. BARTH
DOUGLAS HOLTZ
ROBERT P. MICHAL
TELEPHONE: (212) 319-4900
FACSIMILE: (212) 319-5101

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

Express Mail Mailing Label
No.: EV366 565 023 US

Date of Deposit: March 11, 2004

I hereby certify that this paper is
being deposited with the United
States Postal Service "Express Mail
Post Office to Addressee" service
under 37 CFR 1.10 on the date
indicated above and is addressed to
the Commissioner for Patents, P.O.
Box 1450, Alexandria, VA
22313-1450

N. Sahadeo
Nalini P. Sahadeo

Attorney Docket No. 03401/LH

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): DAVID M. STRAVITZ

Title: WALL MOUNTED EXHAUST VENTS

Enclosed herewith are:

- ☒ Specification (Description, Claims, Abstract): Pages 1-56; Number of claims 1-40
- ☒ Declaration and Power of Attorney ☒ executed; ☐ unexecuted (supplied for information purposes)
- ☒ 12 Sheets of drawings, Figures 1-24 ☐ Formal ☒ Informal
- ☐ Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.
- ☐ Certified copy (ies) of priority document(s) identified above
- ☐ Information Disclosure Statement; ☐ Form PTO/SB/08A
- ☐ Preliminary Amendment
- ☐ Applicants Claims Small Entity Status
- ☒ Change of Correspondence Address (Form PTO/SB/122)
- ☒ Receipt Postcard

	Number Filed		Number Extra	Rate		Calculations
Total Claims	<u>40</u>	-20 =	<u>20</u>	x \$18.00 =		\$ <u>360.00</u>
Independent Claims	<u>4</u>	- 3 =	<u>1</u>	x \$86.00 =		\$ <u>86.00</u>
MULTIPLE DEPENDENT CLAIMS				+ \$290.00 =		\$ <u> </u>
				BASIC FEE		\$ <u>770.00</u>
				Total of above Calculations		\$ <u>1216.00</u>

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378.

- ☒ A check in the amount of 1216.00 is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: *[Signature]*
LEONARD HOLTZ
Reg. No. 22,974

LH/nps

Please type a plus sign (+) inside this box → [+]

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	Not Yet Assigned
	Filing Date	Concurrently Herewith
	First Named Inventor	David M. STRAVITZ
	Group Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	03401/LH

Please change the Correspondence Address for the above-identified application		to:	<div style="border: 1px solid black; padding: 20px; text-align: center; font-size: 24px;">01933</div>
<input checked="" type="checkbox"/> [X]	Customer Number [01933] → <i>Type Customer Number here</i>		

<input checked="" type="checkbox"/> [X] Firm or Individual Name	FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.				
Address	767 Third Avenue - 25th Floor				
Address					
City	New York	State	NY	ZIP	10017-2023
Country	U.S.A.				
Telephone	(212) 319-4900			Fax	(212) 319-5101

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

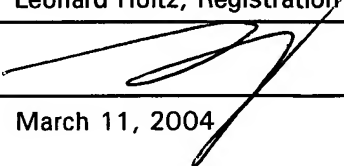
I am the:

☐ [] Applicant/Inventor.

☐ [] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ [X] Attorney or Agent of record.

☐ [] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name	Leonard Holtz, Registration No. 22,974
Signature	
Date	March 11, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

<input type="checkbox"/> [] Total of _____ forms are submitted.
--

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: st Commissioner for Patents, Washington, DC 20231.